

Department of Motor Vehicle Safety

Dealer Internet Inquiry Registration Form

Name & Position of Person Authorized to Access Data on Your Dealership's Behalf		
Your Dealership's Name		
Street Address		
City	State	Zip Code
Mailing Address (if) Different From Physical Address:		Dealership's 12-Digit DMVS Issued Permanent ID #
Telephone Number		Fax Number
E-mail Address of Authorized Person		
By using the Department of Motor Vehicle Safety's Internet Service, you are indicating your consent to the terms of the Agreement for Access to the Department of Motor Vehicle Safety's Title and Registration Database (copy attached).		
Signature of Owner		
Printed or Typed Name of Owner		Date

Note: Please e-mail us at the following e-mail address when there are changes to the above information: mvehicle@dmvs.ga.gov Thank you!

Please return this completed form to:

Attention: Dealer Internet Inquiry Registration
Director's Office
Motor Vehicle Services Section
Department of Motor Vehicle Safety
P O Box 740381
Atlanta, GA 30374-0381

Web Address: <http://www.dmvs.ga.gov>